



## What's new?

### Program Year 2016 Requirements

#### Objectives and Measures

- All providers are required to attest to a single set of objectives and measures. This replaces the core and menu objectives structure of previous stages.
- For EPs, there are 10 objectives.
- In 2016, all providers must attest to objectives and measures using EHR technology certified to the 2014 Edition or the 2015 Edition, or a combination of the two.

#### Alternate Exclusions and Specifications

- Many of the alternate exclusions that were available in 2015 are not applicable in 2016.
- Objective 3, Computerized Provider Order Entry (CPOE): There are alternate exclusions for measure 2 and measure 3. Providers scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 2 (laboratory orders) and/or measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2016. Or, the provider may choose to attest to the modified Stage 2 CPOE objective.
- Objective 10, Public Health Reporting: EPs scheduled to be in Stage 1 and Stage 2 in 2016 must attest to at least two measures from the Public Health Reporting measures 1-3. However, EPs may claim an alternate exclusion for measure 2 (syndromic surveillance) and Measure 3 (specialized registry reporting) as these measures might require the acquisition of additional technologies eligible hospitals/CAHs did not previously have or did not previously intend to include in their activities of meaningful use. An alternate exclusion may only be claimed for up to two measures, then the provider must either attest to or meet the exclusion requirements for the remaining measure.

#### Changes to Specific Objectives/Measures in 2016

- Objective 9, Secure Electronic Messaging: For an EHR reporting period in 2016, for at least 1 patient seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient- authorized representative) during the EHR reporting period.



## **EHR Reporting Period**

- The EHR reporting period for all providers is based on the calendar year.
- In 2016, the EHR reporting period for all returning participants is a full calendar year (January 1 to December 31, 2016).
- For first-time participants in 2016, the EHR reporting period is a minimum of a continuous 90- day period between January 1 and December 31, 2016.

## **Payment Adjustments & Attestation Deadlines**

- For the 2016 EHR reporting period, all returning participants must attest by February 28, 2017.
- New participants who successfully demonstrate meaningful use for 2016 and satisfy all other program requirements will avoid the payment adjustment in CY 2017 and CY 2018 if the EP successfully attests by October 1, 2016, and will avoid the payment adjustment in CY 2018 if the EP successfully attests by February 28, 2017.
- Returning participants who successfully demonstrate meaningful use for this CY 2016 and satisfy all other program requirements will avoid the payment adjustment in CY 2018 if the EP successfully attests by February 28, 2017.

For a complete list of objectives, measures and alternate exclusions and specifications [click here](#).

## **Audits**

In accordance with CFR 42, Chapter 4, Subchapter G, Part 495, Subpart 495.332, we must audit the Provider Incentive Program for Electronic Health Records to ensure that funds have been correctly paid to providers. If you have been chosen for an audit, you will receive a letter and email requesting information. We appreciate your cooperation in ensuring that we have issued payments properly in a high-quality and efficient Provider Incentive Program.

Audits of Eligible Professionals for Program Year 2014 were completed in the fall of 2016.

For more information about the Delaware Medical Assistance (DMAP) Provider Incentive Program for Electronic Health Records contact [Delaware Provider Incentive Payment Team](#)  
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